

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10-802-360

FILING DATE

03-17-04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		3					55						
6	1						56						
7	1						57						
8		2					58						
9	1						59						
10		1					60						
11							61						
12							62						
13							63						
14							64						
15							65						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	11						TOTAL DEP.						
TOTAL CLAIMS	15						TOTAL CLAIMS						